

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2006

through

08

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

12

07

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		941820.56
(b) Cash on Hand at Beginning of Reporting Period	944108.85	
(c) Total Receipts (from Line 19)	170493.72	872231.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1114602.57	1814052.48
7. Total Disbursements (from Line 31)	81841.72	781291.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1032760.85	1032760.85
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	66780.34	310962.45
(i) Itemized (use Schedule A)	48318.61	176874.64
(ii) Unitemized	115098.95	487837.09
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	6666.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	115098.95	494503.09
12. Transfers From Affiliated/Other Party Committees	55035.00	373535.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	359.77	2693.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	170493.72	872231.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	170493.72	872231.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	341.72	19650.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	341.72	19650.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80900.00	725901.00
24. Independent Expenditure (use Schedule E)	0.00	35000.04
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	600.00	740.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	600.00	740.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	81841.72	781291.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	81841.72	781291.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	115098.95	494503.09
34. Total Contribution Refunds (from Line 28(d))	600.00	740.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114498.95	493763.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	341.72	19650.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	341.72	19650.59

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 104

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City	State	Zip Code
Rensselaer	NY	12144

FEC ID number of contributing
federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	0	6

Transaction ID: 12820566

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)
B. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City	State	Zip Code
Rensselaer	NY	12144

FEC ID number of contributing
federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	6

Transaction ID: 12892825

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)
C. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City	State	Zip Code
Austin	TX	78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

71800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	6

Transaction ID: 12899884

Amount of Each Receipt this Period

4800.00

SUBTOTAL of Receipts This Page (optional)

24800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 104

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: 12966686

Amount of Each Receipt this Period

25000.00

B. Full Name (Last, First, Middle Initial)
Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing
federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75235.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12988192

Amount of Each Receipt this Period

5235.00

SUBTOTAL of Receipts This Page (optional)

30235.00

TOTAL This Period (last page this line number only)

55035.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. David H. Wiesman

Mailing Address 4521 Hickory Grove Blvd.

City State Zip Code
 Greenwood IN 46143-7448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital&Health
Association

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 4 / 2 0 0 6

Transaction ID: 12852503

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Gregory W Lintjer

Mailing Address 53308 Monticola Lane

City State Zip Code
 Bristol IN 46507-9692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elkhart General Healthcare
System

Occupation
Hospital President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 4 / 2 0 0 6

Transaction ID: 12852508

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Robert E. Morr, Jr.

Mailing Address 5227 North Washington Boulevard

City State Zip Code
 Indianapolis IN 46220-3060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital&Health
Association

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 4 / 2 0 0 6

Transaction ID: 12852596

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mrs. Bernice C. Ulrich Mailing Address 4655 Running Brook Terrace City Greenwood State IN Zip Code 46143-9255 FEC ID number of contributing federal political committee. C Name of Employer Indiana Hospital&Health Association Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 08 / 14 / 2006 Transaction ID: 12852598 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Charles H Mason, , Jr. Mailing Address 6402 Cherry Hill Parkway City Fort Wayne State IN Zip Code 46835-9637 FEC ID number of contributing federal political committee. C Name of Employer Parkview Hospital Occupation Hospital President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 08 / 14 / 2006 Transaction ID: 12852610 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. Kenneth G. Stella Mailing Address 4671 Bedford Court City Carmel State IN Zip Code 46033-4647 FEC ID number of contributing federal political committee. C Name of Employer Indiana Hospital&Health Association Occupation Hospital Association President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 08 / 14 / 2006 Transaction ID: 12852619 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Spencer L. Grover

Mailing Address 3636 Emily Way

City State Zip Code
Carmel IN 46033-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital&Health
Association

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: 12852642

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Timothy A. Flesch

Mailing Address 336 Lant Lane

City State Zip Code
Evansville IN 47715-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Medical Center
of Evansville

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: 12852647

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Allison D. Wharry

Mailing Address 4636 St. John Circle

City State Zip Code
Zionsville IN 46077-8140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital&Health
Association

Occupation
Director, Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: 12852689

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Al Allee Mailing Address 319 East Josephine City State Zip Code Frederick OK 73542-2220 FEC ID number of contributing federal political committee. C Name of Employer Memorial Hospital and Physician Group Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 565.05		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 Transaction ID: 12888254 Amount of Each Receipt this Period 65.05
B. Full Name (Last, First, Middle Initial) Mr. David Blackmon Mailing Address P O Box 129 City State Zip Code Lawton OK 73502-0129 FEC ID number of contributing federal political committee. C Name of Employer Comanche County Memorial Hospital Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 Transaction ID: 12888257 Amount of Each Receipt this Period 275.00
C. Full Name (Last, First, Middle Initial) Dr. James Ireland, M.D. Mailing Address PO Box 129 City State Zip Code Lawton OK 73502-0129 FEC ID number of contributing federal political committee. C Name of Employer Comanche County Memorial Hospital Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 Transaction ID: 12888266 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) ▶		590.05
TOTAL This Period (last page this line number only) ▶		

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Rex Jones Mailing Address P O Box 1038 City Okmulgee State OK Zip Code 74447-1038 FEC ID number of contributing federal political committee. C Name of Employer Okmulgee Memorial Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 12888268 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		1	8		2	0	0	6																							
250.00																																
B. Full Name (Last, First, Middle Initial) Mr. Lex Smith Mailing Address P O Box 129 City El Reno State OK Zip Code 73036-0129 FEC ID number of contributing federal political committee. C Name of Employer Parkview Hospital Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 12888273 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	125.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		1	8		2	0	0	6																							
125.00																																
C. Full Name (Last, First, Middle Initial) Mr. Douglas K Weaver Mailing Address P O Box 129 City Lawton State OK Zip Code 73502-0129 FEC ID number of contributing federal political committee. C Name of Employer Comanche County Memorial Hospital Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 12888274 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		1	8		2	0	0	6																							
250.00																																

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City State Zip Code
 Columbia MO 65203-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tionOccupation
Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.24

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888389

Amount of Each Receipt this Period

27.78

B. Full Name (Last, First, Middle Initial)
Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City State Zip Code
 Holts Summit MO 65043-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tionOccupation
Sr. Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.96

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888392

Amount of Each Receipt this Period

111.12

C. Full Name (Last, First, Middle Initial)
Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Waye

City State Zip Code
 Jefferson City MO 65101-8284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tionOccupation
Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.24

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888399

Amount of Each Receipt this Period

27.78

SUBTOTAL of Receipts This Page (optional)

166.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Gerald M. Sill, J.D.
Mailing Address 2906 Valley View Terrace

City State Zip Code
Jefferson City MO 65109-1069

FEC ID number of contributing federal political committee.

C

Name of Employer
Missouri Hospital AssociationOccupation
Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.24

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888403

Amount of Each Receipt this Period

27.78

B. Full Name (Last, First, Middle Initial)
Mr. Marc D. Smith
Mailing Address 5612 Tanner Bridge Road

City State Zip Code
Jefferson City MO 65101-8275

FEC ID number of contributing federal political committee.

C

Name of Employer
Missouri Hospital AssociationOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.96

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888404

Amount of Each Receipt this Period

111.12

C. Full Name (Last, First, Middle Initial)
Ms. Carmela S. Coyle
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Senior Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888416

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1138.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. William D Petasnick
Mailing Address 1848 Hidden Reserve Court

City State Zip Code
Mequon WI 53092-5566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Froedtert Memorial Luther-
an Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888419

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Mrs. Rosemary Davis
Mailing Address 2700 SE Stratus Avenue

City State Zip Code
McMinnville OR 97128-6498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Willamette Valley Medical
Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888643

Amount of Each Receipt this Period

275.00

C. Full Name (Last, First, Middle Initial)
Mr. Marvin Haas
Mailing Address 1109 Riverrock Way

City State Zip Code
Medford OR 97504-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Asante Health System

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888644

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Roy G Vinyard Mailing Address 2650 Siskiyou Blvd, Suite 200 City Medford State OR Zip Code 97504-8170 FEC ID number of contributing federal political committee. C Name of Employer Asante Health System Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 6 Transaction ID: 12888648 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Mr. Mark Folger Mailing Address 2519 Meadowcreek Drive City Medford State OR Zip Code 97504-3666 FEC ID number of contributing federal political committee. C Name of Employer Asante Health System Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 430.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 6 Transaction ID: 12888649 Amount of Each Receipt this Period 430.00
C. Full Name (Last, First, Middle Initial) Mr. Larry A Mullins, FACHE Mailing Address P O Box 1068 City Corvallis State OR Zip Code 97339-1068 FEC ID number of contributing federal political committee. C Name of Employer Samaritan Health Services Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 6 Transaction ID: 12888651 Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional)**955.00****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard Cagen

Mailing Address 1235 NE 47th Avenue
Suite 299

City State Zip Code
Portland OR 97229-8087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Health System

Occupation
Chief Executive Officer-Portland Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888652

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Lucille C. Giddings

Mailing Address 57 Prospect Street

City State Zip Code
Nantucket MA 02554-4345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nantucket Cottage Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888660

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Alan G. MacDonald

Mailing Address 92 Bacon Street

City State Zip Code
Winchester MA 01890-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hallmark Health System

Occupation
Chairman of the Trustees

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888661

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Nathan O. Rosenberg

Mailing Address 920 Glenneyre Street
Suite #2

City State Zip Code
Laguna Beach CA 92651-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Rose Hospital

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888662

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert Granger

Mailing Address P. O. Box 7000

City State Zip Code
Columbus GA 31908-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12891967

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. James McLaughlin Hobson

Mailing Address 126 Grand Oaks Ct

City State Zip Code
Albany GA 31721-9522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phoebe Putney Memorial Ho-
spital

Occupation
Executive Vice President/COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892003

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas C Keir

Mailing Address 521 Hill Street SW

City State Zip Code
 Thomson GA 30824-2118

FEC ID number of contributing
federal political committee.

C

Name of Employer
McDuffie Regional Medical
Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892041

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Dr. Alan D. Kirsh, MD

Mailing Address 777 Hemlock Street
 777 Hemlock Street

City State Zip Code
 Macon GA 31201-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of Central
Georgia

Occupation
Director, Radiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892050

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. H. Scott Kroell, Jr.

Mailing Address P O Box 919

City State Zip Code
 Hinesville GA 31310-0919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liberty Regional Medical
Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892055

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. G. Lamar Lyle
Mailing Address Post Office Box 44

City State Zip Code
Dalton GA 30722-0044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamilton Medical Center

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892070

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Eric P Norwood
Mailing Address 4693 Glenshire Place

City State Zip Code
Dunwoody GA 30338-5512

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeKalb Medical Ctr

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892129

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Rhett C. Partin
Mailing Address Route 2 Box 3425

City State Zip Code
Nashville GA 31639-9537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Hospital Associat-
ion

Occupation
Executive Director, The Center for Rur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892139

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Diane J. Patrick

Mailing Address U. S. Hwy 319

City State Zip Code
Omega GA 31775

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tift Regional Medical Cen-
ter

Occupation
Vice President, Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
08 23 2006

Transaction ID: 12892143

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. J. Larry Read

Mailing Address 1350 Walton Way

City State Zip Code
Augusta GA 30901-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Health Care Sys-
tem

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
08 23 2006

Transaction ID: 12892163

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. William T Richardson

Mailing Address 302 w. 24th Street

City State Zip Code
Tifton GA 31794-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tift Regional Medical Cen-
ter

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
08 23 2006

Transaction ID: 12892168

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. J. Thomas Shepherd

Mailing Address 164 Eagle Ridge Drive

City State Zip Code
 Eastman GA 31023-3807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dodge County Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892196

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Kurt Stuenkel, , FACHE

Mailing Address P O Box 233

City State Zip Code
 Rome GA 30162-0233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Floyd Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892215

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Joel Wernick

Mailing Address 417 Byron Plantation Road

City State Zip Code
 Albany GA 31721-9030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phoebe Putney Health Systems

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892248

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Philip Wolfe
Mailing Address 2716 Wynnton Drive

City State Zip Code
Duluth GA 30097-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gwinnett Hospital System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892262

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles T Adams
Mailing Address P O Box 589

City State Zip Code
Royston GA 30662-0589

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ty Cobb Healthcare System,
Inc.

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892270

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael Alexander
Mailing Address 925 Cedar Street

City State Zip Code
Metter GA 30439-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Candler County Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892275

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Vivian Austin
Mailing Address 10 Shorecrest Court

City State Zip Code
Savannah GA 31410-1054

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's/Candler, Can-
dler Hospital

Occupation
Nursing Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892280

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Donald R Avery, , FACHE
Mailing Address 6493 Cape Cod Drive

City State Zip Code
Columbus GA 31904-2965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hughston Orthopedic Hospi-
tal

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892281

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gilbert A. Banks
Mailing Address P. O. Box 1383

City State Zip Code
Forsyth GA 31029-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monroe County Hospital

Occupation
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892286

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ken B Beverly

Mailing Address P.O. Box 76

City

Ochlocknee

State

GA

Zip Code

31773-0076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Archbold Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892305

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Edward J Bonn

Mailing Address 11 Upper Riverdale Road SW

City

Riverdale

State

GA

Zip Code

30274-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892312

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Oliver J Booker

Mailing Address 460 Sunset Circle

City

Forsyth

State

GA

Zip Code

31029-1671

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monroe County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892313

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Dr. Donald Campbell Mailing Address 1114 Hazeltine Lane City State Zip Code Kennesaw GA 30152-4742 FEC ID number of contributing federal political committee. C Name of Employer WellStar Cobb Hospital Occupation Senior Vice President, Physician Servi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Transaction ID: 12892330 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Robert A Colvin Mailing Address P O Box 23089 City State Zip Code Savannah GA 31403-3089 FEC ID number of contributing federal political committee. C Name of Employer Memorial Health Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Transaction ID: 12892347 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Rita Culvern Mailing Address 1067 Peachtree Street City State Zip Code Louisville GA 30434-1599 FEC ID number of contributing federal political committee. C Name of Employer Jefferson Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 283.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Transaction ID: 12892358 Amount of Each Receipt this Period 33.00

SUBTOTAL of Receipts This Page (optional)

533.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Daniel Body
Mailing Address 543 Flambeau Retreat

City State Zip Code
Mt Pleasant SC 29464-2760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Lowcountry Behav-
ioral Health

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897258

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Lisa Irvin
Mailing Address 159 Harbour Watch Way

City State Zip Code
Mount Pleasant SC 29464-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation
VP of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897259

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Ellen Jackson
Mailing Address 316 Calhoun Street

City State Zip Code
Charleston SC 29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation
VP, Managed Care & Physician Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897260

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Bret D. Johnson

Mailing Address 235 Oak Point Landing Drive

City State Zip Code
 Mount Pleasant SC 29464-6279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897261

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Edmond R. Jordan

Mailing Address 201 Graylyn Drive

City State Zip Code
 Anderson SC 29621-1985

FEC ID number of contributing
federal political committee.

C

Name of Employer
AnMED Health Medical Center

Occupation
Director of Urgent Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897262

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. J. Thornton Kirby

Mailing Address 1000 Center Point Road

City State Zip Code
 Columbia SC 29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital Association

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.06

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897263

Amount of Each Receipt this Period

250.06

SUBTOTAL of Receipts This Page (optional)

1000.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Steven Lopez, M.D.

Mailing Address 911 Etiwan Park Street

City State Zip Code
 Daniel Island SC 29492-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Lowcountry Behav-
ioral Health

Occupation
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.50

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897267

Amount of Each Receipt this Period

400.50

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Modzelewski

Mailing Address 2435 Forest Drive

City State Zip Code
 Columbia SC 29204-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity Provid-
ence Hospital

Occupation
Vice Chief of Medical Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897270

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Jerry A Parrish

Mailing Address 800 North Fant Street

City State Zip Code
 Anderson SC 29621-5793

FEC ID number of contributing
federal political committee.

C

Name of Employer
AnMED Health Medical Cent-
er

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897272

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1150.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Greg Rusnak
Mailing Address 701 Grove Road

City State Zip Code
Greenville SC 29605-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897275

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Matthew J. Severance
Mailing Address 32 Stocker Drive

City State Zip Code
Charleston SC 29407-7416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897278

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven D. Shapiro, MD
Mailing Address 682 North Sterling Drive

City State Zip Code
Charleston SC 29412-9150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation
Vice President for Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897279

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Stuart E. Smith		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 169 Ashley Avenue PO Box 250332		Transaction ID: 12897280	
City Charleston State SC Zip Code 29403-5836		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer MUSC Medical Center of Medical Univers		Occupation Vice President, Clinical Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) Mr. Allan Stalvey		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 101 Medical Circle Post Office Box 6009		Transaction ID: 12897283	
City West Columbia State SC Zip Code 29169-3655		Amount of Each Receipt this Period 250.06	
FEC ID number of contributing federal political committee. C			
Name of Employer South Carolina Hospital Association		Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.06	
C. Full Name (Last, First, Middle Initial) Ms. Jeanne L Ward		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 298 Memorial Drive		Transaction ID: 12897284	
City Seneca State SC Zip Code 29672-9499		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Oconee Memorial Hospital		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1000.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Douglas Bowling

Mailing Address 2509 Watercrest Lane

City State Zip Code
Johns Island SC 29455-3108

FEC ID number of contributing federal political committee. **C**

Name of Employer Roper Hospital Occupation Vice President of System Development

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897286

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard Boyer

Mailing Address 6143 Hampton Ridge

City State Zip Code
Columbia SC 29209-1308

FEC ID number of contributing federal political committee. **C**

Name of Employer Sisters of Charity Providence Hospital Occupation Director of Emergency Department

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897287

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Allen P Carroll

Mailing Address 2095 Henry Tecklenburg Drive

City State Zip Code
Charleston SC 29414-5733

FEC ID number of contributing federal political committee. **C**

Name of Employer Roper Hospital Occupation Chief Executive Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897289

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Philip A. Clayton

Mailing Address PO Box 829

City State Zip Code
 Conway SC 29528-0829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conway Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897290

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard E D'Alborto, , FACHE

Mailing Address P O Box 976

City State Zip Code
 Clinton SC 29325-0976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurens County Healthcare
System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897292

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas C Dandridge

Mailing Address 3000 St Matthews Road

City State Zip Code
 Orangeburg SC 29118-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Medical Center
of Orangeburg

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897293

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. J. Larry Dozier, Jr., FACHE

Mailing Address 1325 Spring Street

City State Zip Code
Greenwood SC 29646-3875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairfield Memorial HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	6

Transaction ID: 12897296

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. David L. Dunlap, FACHE

Mailing Address 125 Doughty Street
Suite 760

City State Zip Code
Charleston SC 29403-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper-St. Francis HealthcareOccupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	6

Transaction ID: 12897298

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
George T. Edwards

Mailing Address 787 Shell Island Circle

City State Zip Code
Charleston SC 29412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper HospitalOccupation
Director of Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	6

Transaction ID: 12897299

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Howard Harrison		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 316 Calhoun Street		Transaction ID: 12897301
City Charleston	State SC	Zip Code 29401-1113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Roper Hospital	Occupation VP, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. M John Heydel		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 1325 Spring Street		Transaction ID: 12897304
City Greenwood	State SC	Zip Code 29646-3860
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Regional Healthcare	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Mr. Steve Altmiller		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 801 West Maple Street		Transaction ID: 12897817
City Farmington	State NM	Zip Code 87401-5698
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer San Juan Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey M. Dye

Mailing Address 2121 Osuna Road NE

City State Zip Code
 Albuquerque NM 87113-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Hospitals & Health Systems

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 6

Transaction ID: 12897818

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. William H. Nelson

Mailing Address 3021 Shakespeare Place

City State Zip Code
 Salt Lake City UT 84108-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Health Care, Inc.

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 12899583

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles W Sorenson, Jr., M.D

Mailing Address 36 South State Street, 22nd Fl

City State Zip Code
 Salt Lake City UT 84111-1453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Health Care, Inc.

Occupation
Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 12899584

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Albert R Zimmerli

Mailing Address 36 South State Street, 22nd Fl

City State Zip Code
Salt Lake City UT 84111-1453

FEC ID number of contributing federal political committee. **C**

Name of Employer Intermountain Health Care, Inc. Occupation Senior Vice President and Chief Financial Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12899585

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard Smith

Mailing Address 1400 North 500 East

City State Zip Code
Logan UT 84341-2499

FEC ID number of contributing federal political committee. **C**

Name of Employer Logan Regional Hospital Occupation Chief Operating Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12899589

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Mr. Mark H. Shuter

Mailing Address 272 Hospital Road

City State Zip Code
Chillicothe OH 45601-9031

FEC ID number of contributing federal political committee. **C**

Name of Employer Adena Health System Occupation President and Chief Executive Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12902516

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Gordon F. Brunner
Mailing Address 7300 Sanderson Place

City State Zip Code
Cincinnati OH 45243-4045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christ Hospital

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12902518

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Aurora Lambert
Mailing Address 12042 Cedar Creek Drive

City State Zip Code
Cincinnati OH 45240-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish Hospital

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12902520

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. David R. Carpenter, , FACHE
Mailing Address 6229 Northlake Drive

City State Zip Code
Parkville MO 64152-6080

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Kansas City Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12962845

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James V. Ferando
Mailing Address P. O. Box 26666

City State Zip Code
Albuquerque NM 87125-6666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Healthcare
Services

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: 12962853

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Mr. Samuel T Wallace
Mailing Address 1200 Pleasant Street

City State Zip Code
Des Moines IA 50309-1453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Health System

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12963422

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert R Sellers
Mailing Address 631 North Eighth Street

City State Zip Code
Missouri Valley IA 51555-1199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alegent Health Community
Memorial Hosp

Occupation
Regional Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12963423

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Jeanne Goche Mailing Address 410 Main Street City State Zip Code Manning IA 51455-1093 FEC ID number of contributing federal political committee. C Name of Employer Manning Regional Healthcare Center Occupation Chief Executive Officer & Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 08 / 17 / 2006 Transaction ID: 12963425 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Eric L Lothe Mailing Address P O Box 1006 City State Zip Code Newton IA 50208-1006 FEC ID number of contributing federal political committee. C Name of Employer Skiff Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 08 / 17 / 2006 Transaction ID: 12963428 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Donna Katen-Bahensky Mailing Address 200 Hawkins Drive City State Zip Code Iowa City IA 52242-1007 FEC ID number of contributing federal political committee. C Name of Employer University of Iowa Hospitals and Clinics Occupation Director and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt MM / DD / YYYY 08 / 17 / 2006 Transaction ID: 12963432 Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Charles L Millburg, , CHE

Mailing Address 300 Pershing Avenue

City State Zip Code
 Shenandoah IA 51601-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shenandoah Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 12963433

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Peter W Thoreen

Mailing Address 2720 Stone Park Boulevard

City State Zip Code
 Sioux City IA 51104-3795

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Regional Medic-
al Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 12963434

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Ronald R Reed

Mailing Address 500 East Market Street

City State Zip Code
 Iowa City IA 52245-2689

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 12963435

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Greg E. Boattenhamer

Mailing Address 100 East Grand Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1829

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Hospital Association
Occupation Sr. Vice President, Government Relations

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12963437

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Ms. Kimberly A Russel

Mailing Address 1111 Duff Avenue

City State Zip Code
Ames IA 50010-5745

FEC ID number of contributing federal political committee. **C**

Name of Employer Mary Greeley Medical Center
Occupation President and Chief Executive Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12963438

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Leo A. Bressanelli

Mailing Address 1227 East Rusholme Street

City State Zip Code
Davenport IA 52803-2498

FEC ID number of contributing federal political committee. **C**

Name of Employer Genesis Medical Center, Davenport
Occupation President & Chief Executive Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12963440

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 43 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. David M. Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address Miller Dairy Sales, Ltd. Route 2 Box 163		Transaction ID: 12963441	
City Chariton	State IA	Zip Code 50049-9661	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lucas County Health Center	Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Michael D Trachta		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address 312 Ninth Street SW		Transaction ID: 12963443	
City Waverly	State IA	Zip Code 50677-2929	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Waverly Health Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Mr. A. James Tinker		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address 701 Tenth Street SE		Transaction ID: 12963444	
City Cedar Rapids	State IA	Zip Code 52403-1251	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mercy Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. David M Holcomb Mailing Address P O Box 2C City State Zip Code Council Bluffs IA 51502-3002 FEC ID number of contributing federal political committee. C Name of Employer Jennie Edmundson Memorial Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6 Transaction ID: 12963445 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Arthur J. Spies Mailing Address 100 East Grand Avenue Suite 100 City State Zip Code Des Moines IA 50309-1829 FEC ID number of contributing federal political committee. C Name of Employer Iowa Hospital Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Senior Vice President, Membership Svcs Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6 Transaction ID: 12963447 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Gary S. Kahn Mailing Address 1104 5th Avenue W. Post Office Box 489 City State Zip Code Newton IA 50208-3511 FEC ID number of contributing federal political committee. C Name of Employer Skiff Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Trustee Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6 Transaction ID: 12963448 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. J. Kirk Norris

Mailing Address 5055 Upper Creek Drive

City	State	Zip Code
Pleasant Hill	IA	50327

FEC ID number of contributing
federal political committee.**C**Name of Employer
Iowa Hospital AssociationOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	6

Transaction ID: 12963449

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary Ann Osborn, RN, MA

Mailing Address 1026 A Avenue

City	State	Zip Code
Cedar Rapids	IA	52406

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Luke's HospitalOccupation
Vice President, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	6

Transaction ID: 12963450

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Sandra L. McIntosh

Mailing Address 1208 Woodland Dr. SE

City	State	Zip Code
Cedar Rapids	IA	52403-9076

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Luke's HospitalOccupation
Director, Emergency Medical/Surgical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	6

Transaction ID: 12963451

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City State Zip Code
Granville OH 43023-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12964419

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Mr. Brent A Marsteller

Mailing Address 1340 Hal Greer Boulevard

City State Zip Code
Huntington WV 25701-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabell Huntington Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12971541

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Mark Doak

Mailing Address RR 1 Box 180

City State Zip Code
Beverly WV 26253-9753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12971543

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David J Robertson

Mailing Address 2052 Iron Bridge Circle

City State Zip Code
Morgantown WV 26508-8064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monongalia General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12971545

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Karen L Bowling

Mailing Address 127 Orlando Street

City State Zip Code
Beckley WV 25801-8792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raleigh General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12971546

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott C Stamm

Mailing Address 6314 Highland Drive

City State Zip Code
Huntington WV 25705-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
River Park Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12971547

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional)

1265.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Tony E Atkins
Mailing Address 103 Hunter Drive

City State Zip Code
Buckhannon WV 26201-9600

FEC ID number of contributing federal political committee.

C

Name of Employer
St. Joseph's Hospital of
BuckhannonOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12971548

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard L. Miller
Mailing Address 743 Canterbury Drive

City State Zip Code
Charleston WV 25314-1773

FEC ID number of contributing federal political committee.

C

Name of Employer
West Virginia Hospital As-
sociationOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12971552

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael B. Robbins
Mailing Address 31 Carriage Road

City State Zip Code
Charleston WV 25314-2165

FEC ID number of contributing federal political committee.

C

Name of Employer
West Virginia Hospital As-
sociationOccupation
V.P. - Financial Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12971553

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George G. Couch

Mailing Address 3 East Benjamin Drive

City State Zip Code
 New Martinsville WV 26155-2758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wetzel County Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12971554

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark J Howard

Mailing Address 3100 North Tenaya Way

City State Zip Code
 Las Vegas NV 89128-0436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MountainView Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12974562

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Benjamin K. Chu, M.D.

Mailing Address 393 E. Walnut Street
 7th Floor

City State Zip Code
 Pasadena CA 91188-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Foundation Health
Plan and Hosp

Occupation
Regional President, Southern Californi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12974571

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Helen R. Strieder
Mailing Address 83 Penniman Place

City State Zip Code
Brookline MA 02445-4135

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Baptist Hospi-
tal

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976083

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Eric Beyer
Mailing Address 641 Salem End road

City State Zip Code
Framingham MA 01702-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Baptist Hospi-
tal

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976084

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Dana P Diggins
Mailing Address 133 Old Rd to Nine Acre Corner

City State Zip Code
Concord MA 01742-9120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson Hospital

Occupation
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976085

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary Lapidas

Mailing Address 33 Christine Street

City

Worcester

State

MA

Zip Code

01606-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
UMass Memorial Health Car-
e, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976086

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Calvin M. Pierson

Mailing Address 4 Kampman Court

City

Sparks

State

MD

Zip Code

21152-9423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryland Hospital Associa-
tion

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976087

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Ms. Pamela Williams

Mailing Address 3001 S. Hanover Street

City

Baltimore

State

MD

Zip Code

21225-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor Hospital Center

Occupation

Asst. VP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976091

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Thomas Gipson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3001 South Hanover Street		Transaction ID: 12976092
City State Zip Code Baltimore MD 21225-1233	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Harbor Hospital Center	Occupation Vice President, Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Thomas Corley		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address North 5633 Lidgerwood Avenue		Transaction ID: 12976116
City State Zip Code Spokane WA 99208-2533	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Holy Family Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C. Full Name (Last, First, Middle Initial) Mr. John T Evans, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 124 Heather Lane		Transaction ID: 12976117
City State Zip Code Wenatchee WA 98801-9644	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Central Washington Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Gerard Fischer

Mailing Address 5909 West Pima Court

City State Zip Code
 Spokane WA 99208-9010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Center

Occupation
Vice President- Systems Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976118

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard W Linneweh, Jr.

Mailing Address 2811 Tieton Drive

City State Zip Code
 Yakima WA 98902-3799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yakima Valley Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976119

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Susan Reiter

Mailing Address PO Box 307

City State Zip Code
 Enumclaw WA 98022-0307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Enumclaw Community Hospital

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976120

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Mark D Judy

Mailing Address P O Box 646

City State Zip Code
 Monroe WA 98272-0646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976121

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Alan R. Yordy

Mailing Address 3956 Shasta View

City State Zip Code
 Eugene OR 97405-5868

FEC ID number of contributing
federal political committee.

C

Name of Employer
PeaceHealth

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976122

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Thomas P Rasmusson

Mailing Address 525 North Foster

City State Zip Code
 Mitchell SD 57301-2966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Queen of Peace

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976221

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Fredrick Slunecka

Mailing Address P O Box 5045

City	State	Zip Code
Sioux Falls	SD	57117-5045

FEC ID number of contributing
federal political committee.**C**Name of Employer
Avera McKennan Hospital
and UniversityOccupation
Regional President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

Transaction ID: 12976223

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. David Erickson, M.D.

Mailing Address P O Box 38

City	State	Zip Code
Yankton	SD	57078-0038

FEC ID number of contributing
federal political committee.**C**Name of Employer
Avera HealthOccupation
Senior Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

Transaction ID: 12976224

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Ms. Deb Fischer- Clemens

Mailing Address P O Box 5045

City	State	Zip Code
Sioux Falls	SD	57117-5045

FEC ID number of contributing
federal political committee.**C**Name of Employer
Avera McKennan Hospital
and UniversityOccupation
Director, Center for Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

Transaction ID: 12976225

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Cindy Morrison

Mailing Address 1601 E. 56th St.

City State Zip Code
 Sioux Falls SD 57103-5469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Hospitals and
Health Syst

Occupation
Vice President Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976229

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Becky Nelson

Mailing Address P O Box 5039

City State Zip Code
 Sioux Falls SD 57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Hospital Uni-
versity Medic

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12976230

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. William Mason Moss

Mailing Address 2300 Opitz Boulevard

City State Zip Code
 Woodbridge VA 22191-3311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potomac Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977896

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Anthony R. Clark

Mailing Address 13003 Occoquan Road

City State Zip Code
 Woodbridge VA 22192-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prince William Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977899

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Judie S. Snipes

Mailing Address 77 Gloucester Court

City State Zip Code
 Troutville VA 24175-6625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Health System

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977901

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. John F. Duval

Mailing Address 3307 Brewton Way

City State Zip Code
 Midlothian VA 23113-3793

FEC ID number of contributing
federal political committee.

C

Name of Employer
VCU Health System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977904

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Matthew J. Perry

Mailing Address 205 Tel Brooke Road

City State Zip Code
 Rocky Mount VA 24151-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bedford Memorial Hospital

Occupation
Hospital Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977909

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Donald E. Lorton

Mailing Address 1141 Windy Hill Road

City State Zip Code
 Goodview VA 24095-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Health System

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977913

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. J. Knox Singleton

Mailing Address 8110 Gatehouse Road

City State Zip Code
 Falls Church VA 22042-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977914

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Russell Seneca
Mailing Address 3300 Gallows Road

City State Zip Code
Falls Church VA 22042-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fairfax Hospital

Occupation
Chairman, Dept. Surgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977925

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Peggy J. Braun
Mailing Address 3116 Yeates Lane

City State Zip Code
Virginia Beach VA 23452-6117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Virginia Beach Ge-
neral Hospital

Occupation
Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977938

Amount of Each Receipt this Period

62.50

C. Full Name (Last, First, Middle Initial)
Mr. Shawn McLaughlin
Mailing Address 104 Commonwealth Avenue

City State Zip Code
Alexandria VA 22301-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977948

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

562.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David L Bernd
Mailing Address 6015 Poplar Hall Drive

City State Zip Code
Norfolk VA 23502-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977951

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Bertram Reese
Mailing Address 6015 Poplar Hall Drive

City State Zip Code
Norfolk VA 23502-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977952

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. John M. Toups
Mailing Address 1460 Waggaman Circle

City State Zip Code
McLean VA 22101-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977955

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Gary R Yates, M.D.

Mailing Address 3268 Stapleford Chase

City State Zip Code
 Virginia Beach VA 23452-6272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation
Executive Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12977956

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Vincent S Conti

Mailing Address 22 Bramhall Street

City State Zip Code
 Portland ME 04102-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978588

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. James Morris

Mailing Address 301 Second Street Northeast

City State Zip Code
 New Prague MN 56071-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Queen of Peace Hospital

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978861

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Debra K Boardman

Mailing Address 323 South Minnesota Street

City State Zip Code
 Crookston MN 56716-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverview Healthcare Asso-
ciation

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978867

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard R Pettingill

Mailing Address P O Box 43

City State Zip Code
 Minneapolis MN 55440-0043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allina Hospitals & Clinics

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978869

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Margaret E Perryman

Mailing Address 200 East University Avenue

City State Zip Code
 Saint Paul MN 55101-2598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gillette Children's Speci-
alty Healthca

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978873

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben			Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 4885 Pheasant Court South			Transaction ID: 12978885	
City Afton State MN Zip Code 55001-9415			Amount of Each Receipt this Period 231.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Minnesota Hospital Association		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 731.50		
B. Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn			Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 2550 University Avenue			Transaction ID: 12978888	
City St. Paul State MN Zip Code 55114			Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Minnesota Hospital Association		Occupation Vice President of Information Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 560.00		
C. Full Name (Last, First, Middle Initial) Mr. Craig J Broman			Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 1406 Sixth Avenue North			Transaction ID: 12978893	
City Saint Cloud State MN Zip Code 56303-1901			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer St. Cloud Hospital		Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

601.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James F Hanco

Mailing Address 1300 Anne Street NW

City State Zip Code
 Bemidji MN 56601-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Regional Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

734.86

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978901

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)

B. Dr. Peter E Person, , M.D.

Mailing Address 502 East Second Street

City State Zip Code
 Duluth MN 55805-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's/Duluth Clinic
Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978904

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Keith Harvey

Mailing Address 901 9th Street, North

City State Zip Code
 Virginia MN 55792-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Regional Medical
Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978905

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

670.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 65 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John Sackett

Mailing Address 100 Health Park Drive

City State Zip Code
Louisville CO 80027-9583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avista Adventist Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978970

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. David P Gehant

Mailing Address P O Box 9019

City State Zip Code
Boulder CO 80301-9019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boulder Community Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978972

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Rulon F Stacey, Ph.D

Mailing Address 1024 South Lemay Avenue

City State Zip Code
Fort Collins CO 80524-3998

FEC ID number of contributing
federal political committee.

C

Name of Employer
Poudre Valley Hospital

Occupation
Former President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978979

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Mitchell C Carson

Mailing Address P O Box 1659

City State Zip Code
 Longmont CO 80502-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longmont United Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978995

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Richard Eitel

Mailing Address P O Box 1326

City State Zip Code
 Colorado Springs CO 80901-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978996

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Robert W Ladenburger

Mailing Address P O Box 1628

City State Zip Code
 Grand Junction CO 81502-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Hospital and
Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12979001

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John E. Callender
Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12979134

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Ms. Cathleen K Nelson
Mailing Address 2600 Navarre Avenue

City State Zip Code
Oregon OH 43616-3297

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Charles Mercy Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.25

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12979174

Amount of Each Receipt this Period

6.25

C. Full Name (Last, First, Middle Initial)
Mr. Ronald L Jacobson
Mailing Address 305 South State Street

City State Zip Code
Aberdeen SD 57402-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera St. Luke's

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12979418

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

381.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kelby K Krabbenhoft

Mailing Address P O Box 5039

City State Zip Code
 Sioux Falls SD 57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Hospitals and
Health Syst

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12979419

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. David Kretschmer

Mailing Address HC 83, Box 88

City State Zip Code
 Custer SD 57730-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Custer Regional Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12979421

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David Link

Mailing Address 4601 Shields Avenue S.

City State Zip Code
 Sioux Falls SD 57103-5818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Hospitals and
Health Syst

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12979423

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mary C. Mayhew

Mailing Address 150 Capitol Street

City State Zip Code
 Augusta ME 04330-6858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine Hospital AssociationOccupation
Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 12979465

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Ms. Helen R. Strieder

Mailing Address 83 Penniman Place

City State Zip Code
 Brookline MA 02445-4135

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Baptist Hospi-
talOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 2 / 2 0 0 6

Transaction ID: 12979489

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Cynthia Kreutz

Mailing Address 900 Potomac Street

City State Zip Code
 Aurora CO 80011-6716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spalding Rehabilitation
HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 2 / 2 0 0 6

Transaction ID: 12979494

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert P Barbier

Mailing Address 530 South Jackson Street

City State Zip Code
Louisville KY 40202-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Louisville
HospitalOccupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	6

Transaction ID: 12979513

Amount of Each Receipt this Period

600.00

B. Full Name (Last, First, Middle Initial)
Mr. Lewis T Peoples

Mailing Address P O Box 2400

City State Zip Code
Hopkinsville KY 42241-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jennie Stuart Medical Cen-
terOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	6

Transaction ID: 12979514

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Mr. E. Berton Whitaker

Mailing Address 900 Clinic Drive

City State Zip Code
Madisonville KY 42431-1653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trover FoundationOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	6

Transaction ID: 12979515

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Mark J Neff		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 222 Medical Circle		Transaction ID: 12979517
City Morehead	State KY	Zip Code 40351-1180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer St. Claire Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Mr. Russ Ranallo		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 811 East Parrish Avenue		Transaction ID: 12979518
City Owensboro	State KY	Zip Code 42303-3268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Owensboro Medical Health System	Occupation Vice President, Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C. Full Name (Last, First, Middle Initial) Mr. John Countzler		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 20007		Transaction ID: 12979519
City Owensboro	State KY	Zip Code 42304-0007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Owensboro Medical Health System	Occupation Accounting Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Tony E. Welch
Mailing Address 112 Deerfield Hills Road

City State Zip Code
Elizabethtown KY 42701-6974

FEC ID number of contributing federal political committee.

CName of Employer
Hardin Memorial HospitalOccupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
08 22 2006

Transaction ID: 12979521

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Ms. Kathryn Cook
Mailing Address 7380 Turfway Road

City State Zip Code
Florence KY 41042-1337

FEC ID number of contributing federal political committee.

CName of Employer
St. Luke Hospital WestOccupation
Director Administrative and Corporate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
08 22 2006

Transaction ID: 12979523

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Mr. David J. Lang
Mailing Address 1008 Crewn Point

City State Zip Code
Madisonville KY 42431-8692

FEC ID number of contributing federal political committee.

CName of Employer
Regional Medical Center
of Hopkins CouOccupation
Vice President Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
08 22 2006

Transaction ID: 12979539

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Garren Colvin
Mailing Address 1 Medical Village Drive

City State Zip Code
Covington KY 41017-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Elizabeth Medical Cen-
ter-South

Occupation
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 6

Transaction ID: 12979540

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Ms. Karen Profitt Newman
Mailing Address 4000 Kresge Way

City State Zip Code
Louisville KY 40207-4676

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Hospital East

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 6

Transaction ID: 12979541

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Mr. Mark B. Carter
Mailing Address 200 Abraham Flexner Way

City State Zip Code
Louisville KY 40202-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish Hospital & St. Mar-
y's HealthCare

Occupation
Sr. Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 13504945

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$600.00 This changes the YTD Total to \$0.-00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Katie Vaughan Mailing Address 506 A East Howell Avenue City State Zip Code Alexandria VA 22301 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Associate Director Aggregate Year-to-Date ▼ 340.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1034595117417 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation VP & Chief Washington Counsel Aggregate Year-to-Date ▼ 680.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1045726217417 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Ms. Sohini Jindal Mailing Address 325 Seventh Street, NW City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Senior Associate Director Aggregate Year-to-Date ▼ 340.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1125613617417 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lindsay Mac Robinson

Mailing Address 107 East Lane

City State Zip Code
 Lake Barrington IL 60010-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, PMGs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327727317417

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Deborah F. Weiner

Mailing Address 11004 Petersborough

City State Zip Code
 Rockville MD 20852-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327745917417

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code
 Great Falls VA 22066-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327801717417

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327812017417

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327851917417

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327858017417

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
 Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327877817417

Amount of Each Receipt this Period

83.32

P/R Deduction (\$41.66 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. Davidson

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327942117417

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Lorschach

Mailing Address 204 South 7th Avenue

City State Zip Code
 La Grange IL 60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328136917417

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

243.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 N. Wayne

City State Zip Code
 Chicago IL 60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328223817417

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Calbreith L. Simpson

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224817417

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code
 Silver Spring MD 20906

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224917417

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Ronald O. Purcell
Mailing Address 1093 N. Faldo Way

City State Zip Code
Eagle ID 83616-5369

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital Association-ChicagoOccupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR328241417417

Amount of Each Receipt this Period

55.56

P/R Deduction (\$27.78 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Richard J. Pollack
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR328260917417

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Richard H. Wade
Mailing Address 1221 Cavalier Road

City State Zip Code
Arnold MD 21012-2126

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Sr. Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR328310417417

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

295.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Stephen M. Ahnen
Mailing Address 1001 N. Potomac St.

City State Zip Code
Arlington VA 22205-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328312717417

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Lori M. Schor
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328341817417

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina
Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.20

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328511817417

Amount of Each Receipt this Period

95.20

P/R Deduction (\$47.60 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

255.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell Mailing Address 909 N. Madison St. City Arlington State VA Zip Code 22205-1655 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Vice President, Media Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328512017417 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Ms. Anne E. Ubl Mailing Address 801 Pennsylvania Ave, NW #245 City Washington State DC Zip Code 20004-2615 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Vice President, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 640.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328767017417 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey Mailing Address AHA One North Franklin Street City Chicago State IL Zip Code 60606 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Director, Psychiatric and Substance Abuse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329013417417 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. John R. Combes, MD

Mailing Address 1905 Christopher Place

City State Zip Code
Harrisburg PA 17110-3573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Healthcare Gov-
ernance

Occupation
President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329071317417

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329215717417

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Tama Mattocks

Mailing Address 325 Seventh Street, NW
Liberty Place, Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330273417417

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330475417417

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Dr. Donald Nielsen, MD

Mailing Address 195 Oxford Court

City State Zip Code
Alamo CA 94507-1753

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330524817417

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330534317417

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330547717417	
Mailing Address 530 North Lakeshore Drive Unit 2303			Amount of Each Receipt this Period 40.00	
City	State	Zip Code		
Chicago	IL	60611-7424		
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Chicago		Occupation Vice President, Strategic Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330549217417	
Mailing Address One North Franklin			Amount of Each Receipt this Period 40.00	
City	State	Zip Code		
Chicago	IL	60606-3436		
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Chicago		Occupation Vice President, Member Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330776117417	
Mailing Address 325 Seventh Street, NW Suite 700			Amount of Each Receipt this Period 43.48	
City	State	Zip Code		
Washington	DC	20004-2818		
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt		Occupation V.P., Advocacy & Member Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 304.36	P/R Deduction (\$21.74 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)

123.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Alexander R. White, Jr.

Mailing Address PO Box 15587

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion

Occupation

AHA Regional Executive for TX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331416017417

Amount of Each Receipt this Period

83.32

P/R Deduction (\$41.66 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Donald May

Mailing Address 521 Great Falls Street

City

Falls Church

State

VA

Zip Code

22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331533217417

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR517619717417

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

203.32

TOTAL This Period (last page this line number only)

66780.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 104

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2693.83

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 6

Transaction ID: 12978765

Amount of Each Receipt this Period

359.77

Bank Interest Received

SUBTOTAL of Receipts This Page (optional)

359.77

TOTAL This Period (last page this line number only)

359.77

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Merchant Bankcard

Mailing Address 1601 Elm Street

City Dallas State TX Zip Code 75201

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12978766

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

148.92

Bank Fees

B. Citibank, F.S.B.

Full Name (Last, First, Middle Initial)

Mailing Address 1400 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12978767

Date of Disbursement

08 / 18 / 2006

Amount of Each Disbursement this Period

62.60

Bank Fees

C. American Express

Full Name (Last, First, Middle Initial)

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12978770

Date of Disbursement

08 / 28 / 2006

Amount of Each Disbursement this Period

130.20

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

341.72

TOTAL This Period (last page this line number only)

341.72

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Pence Committee

Mailing Address P. O. Box 408

City
Anderson

State
IN

Zip Code
46015

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. Michael R. Pence

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

State: IN

District: 6

Transaction ID: 12823408

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Jay Rockefeller

Mailing Address PO Box 1909

City
Charleston

State
WV

Zip Code
25327

Purpose of Disbursement
2008 Contribution

011

Category/
Type

Candidate Name

Sen. John D. Rockefeller, IV

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: WV

District: 2

Transaction ID: 12823406

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

2008 Contribution

Full Name (Last, First, Middle Initial)

C. Price For Congress Committee

Mailing Address P. O. Box 1986

City
Raleigh

State
NC

Zip Code
27602

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. David E. Price

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

State: NC

District: 4

Transaction ID: 12881609

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Talent For Senate Committee

Mailing Address 9467 Dielman Rock Island Ind Dr

City State Zip Code
St Louis MO 63132

Purpose of Disbursement
Contribution

Candidate Name
Sen. James M. Talent

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MO District: 2

Transaction ID: 12881668

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

B. Charles Taylor For Congress Committee

Mailing Address PO Box 2355

City State Zip Code
Asheville NC 28802

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles H. Taylor

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NC District: 11

Transaction ID: 12881653

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

C. Charles Taylor For Congress Committee

Mailing Address PO Box 2355

City State Zip Code
Asheville NC 28802

Purpose of Disbursement
Contribution

Candidate Name
Rep. Charles H. Taylor

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NC District: 11

Transaction ID: 12881658

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Spratt For Congress Committee

Mailing Address PO Box 830

City York State SC Zip Code 29745

Purpose of Disbursement
Contribution

Candidate Name
Rep. John M. Spratt, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: SC District: 5

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12881667

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730
C/O C. Bruce Lawrence

City Honeoye State NY Zip Code 14471

Purpose of Disbursement
Contribution

Candidate Name
Rep. Louise McIntosh Slaughter

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 28

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12881669

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Coble For Congress

Mailing Address PO Box 1177

City Greensboro State NC Zip Code 27402

Purpose of Disbursement
Contribution

Candidate Name
Rep. Howard Coble

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 6

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12881611

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Moran For Kansas

Mailing Address P.O. Box 1151

City
Hays

State
KS

Zip Code
67601

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jerry Moran

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 1

Transaction ID: 12881664

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Sue Myrick For Congress

Mailing Address P.O. Box 37091

City
Charlotte

State
NC

Zip Code
28237

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sue Wilkins Myrick

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 9

Transaction ID: 12881650

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Vito Fossella

Mailing Address P.O. Box 120197
PO Box 060248

City
Staten Island

State
NY

Zip Code
10312

Purpose of Disbursement
Contribution

Candidate Name
Rep. Vito J. Fossella

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 12977881

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Sue Kelly For Congress

Mailing Address PO Box 599

City
Katonah

State
NY

Zip Code
10536

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sue W. Kelly

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 12881672

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bob Etheridge For Congress Committee

Mailing Address Post Office Box 28001

City
Raleigh

State
NC

Zip Code
27611

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bob Etheridge

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 2

Transaction ID: 12881597

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mike McIntyre For Congress

Mailing Address P.O. Box 1

City
Lumberton

State
NC

Zip Code
28359

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mike McIntyre

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 7

Transaction ID: 12881636

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Hayes For Congress

Mailing Address Post Office Box 2000

City Concord State NC Zip Code 28026

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robin C. Hayes

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 8

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12881639

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hayes For Congress

Mailing Address Post Office Box 2000

City Concord State NC Zip Code 28026

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robin C. Hayes

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 8

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12881642

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walter Jones Committee 2006

Mailing Address PO Box 99667

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Contribution

Candidate Name
Rep. Walter B. Jones, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 3

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12881599

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Lobiondo For Congress

Mailing Address PO Box 775

City Marmora State NJ Zip Code 08223

Purpose of Disbursement
Contribution

Candidate Name
Rep. Frank A. LoBiondo

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12987767

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tom Allen For Congress Committee

Mailing Address P.O. Box 17766

City Portland State ME Zip Code 04112

Purpose of Disbursement
Contribution

Candidate Name
Rep. Thomas H. Allen

Office Sought: ☒ House
☐ Senate
☐ President

State: ME District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12842117

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Brad Miller For United States Congress

Mailing Address P.O. Box 10322

City Raleigh State NC Zip Code 27605

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bradley Miller

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 13

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12881661

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Virginia Foxx For Congress

Mailing Address P.O. Box 1100

City
Clemmons

State
NC

Zip Code
27012

Purpose of Disbursement
Contribution

Candidate Name
Rep. Virginia Foxx

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 5

Transaction ID: 12881610

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Butterfield For Congress Committee

Mailing Address PO Box 2571

City
Wilson

State
NC

Zip Code
27894

Purpose of Disbursement
Contribution

Candidate Name
Rep. George K. Butterfield

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 1

Transaction ID: 12881596

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Badger Fund, The

Mailing Address 3000 K Street, NW
5th Floor

City
Washington

State
DC

Zip Code
20007

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12881681

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Fallin For Congress

Mailing Address 119 N Robinson Suite 400

City Oklahoma City State OK Zip Code 73102

Purpose of Disbursement
Contribution

Candidate Name
Mary Fallin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OK District: 5

Transaction ID: 12977879

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Linder For Congress

Mailing Address P. O. Box 4026

City Duluth State GA Zip Code 30096

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Linder

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 7

Transaction ID: 12978777

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sanford D. Bishop Jr. For Congress

Mailing Address P. O. Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sanford D. Bishop, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 2

Transaction ID: 12978780

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Porter For Congress

Mailing Address PO Box 26087

City
Las Vegas

State
NV

Zip Code
89126

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Jon C. Porter

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 3

Transaction ID: 12978782

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress 2006

Mailing Address Post Office Box 38585

City
Dallas

State
TX

Zip Code
75238

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Pete Sessions

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 12979416

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City
Ennis

State
TX

Zip Code
75120

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Joe L. Barton

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 6

Transaction ID: 12979411

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Chet Edwards For Congress

Mailing Address PO Box 23273

City
Waco

State
TX

Zip Code
76702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chet Edwards

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 17

Transaction ID: 12979413

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kay Granger Campaign Fund

Mailing Address 715 Jones Street Suite 101

City
Fort Worth

State
TX

Zip Code
76102

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kay Granger

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 12

Transaction ID: 12979412

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael C. Burgess, M.D.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 12979415

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kenny Marchant For Congress

Mailing Address PO Box 110187

City
Carrollton

State
TX

Zip Code
75011

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kenneth Marchant

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 24

Transaction ID: 12979414

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hooley For Congress

Mailing Address PO Box 2050

City
Salem

State
OR

Zip Code
97308

Purpose of Disbursement
Contribution

Candidate Name
Rep. Darlene Hooley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 5

Transaction ID: 12883839

Date of Disbursement

08 / 11 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hulshof For Congress

Mailing Address PO Box 1621

City
Columbia

State
MO

Zip Code
65205

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kenny C. Hulshof

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 9

Transaction ID: 12883841

Date of Disbursement

08 / 11 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. National Leadership PAC

Mailing Address 635 B Pennsylvania Ave.

City Washington State DC Zip Code 20005

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12883835

Date of Disbursement

08 / 11 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

B. Barrett For Congress

Mailing Address P.O. Box 869
PO Box 869

City Westminster State SC Zip Code 29693

Purpose of Disbursement
Contribution

Candidate Name
Rep. J. Gresham Barrett

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: SC District: 3

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12883842

Date of Disbursement

08 / 11 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

C. Kay Bailey Hutchison For Senate Committee

Mailing Address PO Box 9190
800 Brazos Suite 1200

City Dallas State TX Zip Code 75209

Purpose of Disbursement
Contribution

Candidate Name
Sen. Kay Bailey Hutchison

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: TX District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12888558

Date of Disbursement

08 / 17 / 2006

Amount of Each Disbursement this Period

250.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Judy Biggert For Congress

Mailing Address P.O. Box 637

City
Hinsdale

State
IL

Zip Code
60522

Purpose of Disbursement
Contribution

Candidate Name
Rep. Judy Biggert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 13

Transaction ID: 12888557

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Chet Edwards For Congress

Mailing Address PO Box 23273

City
Waco

State
TX

Zip Code
76702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chet Edwards

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 17

Transaction ID: 12888559

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Stupak For Congress

Mailing Address 817 Ninth Avenue P.O. Box 156
PO Box 143

City
Menominee

State
MI

Zip Code
49858

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bart Stupak

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 1

Transaction ID: 12906259

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3350.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Don Sherwood

Mailing Address 81 Warren Street

City Tunkhannock State PA Zip Code 18675

Purpose of Disbursement
Contribution

Candidate Name
Rep. Donald L. Sherwood

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 10

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12906251

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

3300.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of George Allen

Mailing Address PO Box 6859

City Arlington State VA Zip Code 22206

Purpose of Disbursement
Contribution

Candidate Name
Sen. George F. Allen

Office Sought: ☐ House
☒ Senate
☐ President

State: VA District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12906255

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Traverse City Golf & Country Club

Mailing Address 1725 S. Union

City Traverse City State MI Zip Code 49864

Purpose of Disbursement
In-Kind catering to Rep Dave Camp (MI-4)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13303051

Date of Disbursement

08 / 28 / 2006

Amount of Each Disbursement this Period

746.82

[MEMO ITEM]

In-Kind catering to Rep
Dave Camp (MI-4) General

SUBTOTAL of Disbursements This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Hillary

Mailing Address 1717 K Street Nw Suite 309a

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name
Sen. Hillary Rodham Clinton

Office Sought: ☐ House
☒ Senate
☐ President

State: NY District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12977845

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Georgians For Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
Contribution

Candidate Name
Sen. Johnny Isakson

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12977847

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution

Candidate Name
Sen. Orrin G. Hatch

Office Sought: ☐ House
☒ Senate
☐ President

State: UT District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12977846

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

80900.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark B. Carter

Mailing Address 200 Abraham Flexner Way

City
Louisville

State
KY

Zip Code
40202-1818

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12988081

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2006

Amount of Each Disbursement this Period

600.00

Refund

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

600.00